REMARKS

I. Status of the Claims

Claims 1-56 were originally filed. As the result of a restriction requirement, claims 1-11 were elected. Upon entry of the present amendment, claims 4, 7, and 11-56 are canceled. Claim 1 is amended to delete reference to other, non-elected mRNA species, to delete the words "decrease" and "monitoring," to specify "blood" as "plasma or serum," as well as to improve the clarity of the claim language. No new matter is introduced.

II. Claim Objections

Claims 1-11 were objected to because they recite non-elected mRNA species. As amended, the pending claims no longer refer these non-elected mRNA species. This objection is thus obviated.

III. Specification

The specification was objected to for alleged failure to comply with the sequence listing requirements. A formal sequence listing is submitted as a separate paper and is believed to have fully addressed this objection.

IV. Claim Rejections

A. 35 U.S.C. §112, Second Paragraph

Claims 1-11 were rejected under 35 U.S.C. §112, second paragraph, for alleged indefiniteness. Applicants respectfully traverse the rejection, particularly in view of the present amendment.

The Examiner first asserted that claims 1-11 are indefinite because the claims omitted the essential step for monitoring preeclampsia. As amended, claim 1 is now directed to a method for "diagnosing or predicting preeclampsia in a pregnant woman" and further recites in step (ii) that an increase in hCRH mRNA "indicates preeclampsia or an increased risk of developing preeclampsia." Thus, no essential step is omitted for the claimed method for "diagnosing or predicting preeclampsia."

The Examiner also asserted that the language "an increase or a decrease in the amount of mRNA from the standard control" in claim 1 creates indefiniteness. Applicants contend that any potential ambiguity is removed by the present amendment.

The Examiner further asserted that the phrases "first trimester," "second trimester," and "third trimester" used in claims 5 and 6 are unclear in their meaning, and suggested amendment to specify that these refer to the trimesters of gestation. Applicants note, however, that these claims as originally filed indeed recite "the first (second or third) trimester of gestation." No further amendment is believed to be necessary.

As such, Applicants submit that the withdrawal of the rejection under 35 U.S.C. §112, second paragraph, is appropriate.

B. 35 U.S.C. §112, First Paragraph

Claims 1-11 were also rejected under 35 U.S.C. §112, first paragraph, for alleged failure to meet the enablement requirement. Specifically, the Examiner asserted that the specification is enabling for a method for **diagnosing or predicting** preeclampsia based on **an increase** in **extracellular** hCRH mRNA present in the **serum or plasma** of a woman in the **third trimester** of gestation, but is not enabling for a method for **diagnosing, monitoring, or predicting** preeclampsia based on **an increase or a decrease** in **cellular or extracellular** mRNA in the **blood** of a woman in **any trimester** of gestation. Applicants respectfully traverse the rejection, particularly in view of the present amendment to the claims.

As amended, the pending claims are directed to a method for diagnosing or predicting preeclampsia in a pregnant woman. The method comprises the steps of: (i) quantitatively determining the amount of hCRH mRNA in the pregnant woman's plasma or serum; and (ii) comparing the amount of mRNA from step (i) to a standard control representing the amount of hCRH mRNA in the plasma or serum of an average non-preeclamptic pregnant woman, wherein an increase in the amount of mRNA compared with the standard control indicates preeclampsia or an increased risk of developing preeclampsia. Thus, there is only one

remaining issue in the enablement rejection: the question whether an increase in maternal plasma or serum hCRH mRNA can indeed indicate the presence or an increased risk of preeclampsia.

To this end, Applicants submit a declaration under 37 C.F.R. §1.132 by Dr. Rossa Wai Kwun Chiu and Dr. Yuk Ming Dennis Lo, two named inventors on this application. In their declaration, Dr. Chiu and Dr. Lo provide new data obtained in a recent study of pregnant women in the first trimester of their gestation period. These data demonstrate a clear correlation between the increased hCRH mRNA in maternal plasma and occurrence of preeclampsia. More specifically, Dr. Chiu and Dr. Lo attest in their declaration that plasma samples were collected from women between 11 and 13 weeks of gestation (*i.e.*, first trimester). Among the women involved in this study, four developed preeclampsia. Each preeclamptic case was matched to six or seven normal controls with comparable gestational ages and sample storage time. Each preeclamptic case together with the matched controls was named as group A, B, C, or D, and the hCRH mRNA concentration of each preeclamptic case was compared with the normal controls within its group. Among 3 of the 4 groups, the preeclamptic cases show a consistently higher plasma hCRH mRNA concentration in comparison with its relevant controls. See paragraphs 6 and 7 of the declaration.

As such, Applicants believe that the claimed method has been reasonably established as effective and therefore enabled for its intended use: screening for preeclampsia among pregnant women in general, not limited to those in the third trimester of their gestation. Accordingly, the withdrawal of the rejection under 35 U.S.C. §112, first paragraph, is respectfully requested.

C. 35 U.S.C. §103(a)

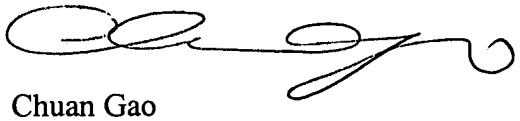
Claim 4 was rejected under 35 U.S.C. §103(a) for allegedly being obvious over Ng *et al.* in view of Monforte *et al.* (U.S. Patent No. 6,635,452). Since claim 4 has been canceled, this rejection is moot.

CONCLUSION

In view of the foregoing, Applicants believe all claims now pending in this Application are in condition for allowance. The issuance of a formal Notice of Allowance at an early date is respectfully requested.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 415-576-0200.

Respectfully submitted,



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